



SOGI QUESTIONNAIRE (SEXUAL ORIENTATION AND GENDER IDENTITY)

Please provide the following information to the best of your ability. You can decline to answer any of the following questions. This information is confidential its only purpose is to provide the best care for you.

Por favor, responda las siguientes preguntas. Usted puede declinar a responder cualquiera o todas las preguntas. Esta informacion es confidencial y su unico proposito es proveerle el mejor cuidado medico.

Sexual Orientation / *Orientacion sexual:*

- Straight, heterosexual / *Heterosexual*
- Lesbian, gay / *Lesbiana, homosexual*
- Bisexual
- Other (specify) / *Otro (a) :* _____
- Prefer not to answer / *Prefiero no responder*

Gender Identity / *Me identifico como:*

- Male / *Hombre*
- Female / *Mujer*
- Female-Male (FTM) / Transgender Male / Trans Man / *Hombre Transgenero*
- Male-to-Female (MTF) / Transgender Female/ Trans Woman / *Mujer Transgenero*
- Other / *Otro* _____
- Prefer not to answer / *Prefiero no responder*

Sex Assigned as Birth / *Sexo asignado al nacer:*

- Male / *Masculino*
- Female / *Femenino*
- Prefer not answer or I don't know / *Prefiero no responder o no se*

Preferred name (If different than the one on your ID) / *Prefiero que me llamen:* _____

Preferred pronoun / *Que se refieran a mi con el pronombre:*

- He / Him / *El*
- She / Her / *Ella*
- They / Them
- Other / *Otro:* _____

Please mark this box and sign ONLY if you declined to answer to all of the questions above.

Signature: _____ Date: _____

Why are we asking about SOGI?

SOGI helps us understand strengths and needs for each individual. This information will help your provider deliver you the appropriate services. Collecting this data also helps us identify and track disparities in care in our community.